

Director's Signature:

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed."

Time Log/Program / Area: Drug Analysis Lab

Week Ending:

6/16/12

Employee Name:		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
James Hanchett  Employee Signature	Day: In - Out	8:00 1:00	7:00 3:00	7:00 3:00	7:00 3:00	7:00 3:00	7:00 3:00	7:00 1:00
	Lunch: Out - In		12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.								
	Day: In - Out							
	Lunch: Out - In							
Employee Signature	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.								
	Day: In - Out							
	Lunch: Out - In							
Employee Signature	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.								
	Day: In - Out							
	Lunch: Out - In							
Employee Signature	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.								